



Air Quality Division

Portable Source

Notice of Equipment Transfer

Notification needed 10 working days prior to TRANSFER via certified mail, in accordance with R18-2-324.D.

Company Information: Please fill in the following.

Today's Date: _____

Company Name: _____ **dba:** _____

Mailing Address: _____ **City/State/ZIP:** _____

Physical Address (if different from mailing address): _____

Contact: _____ **Telephone:** _____ **Fax** _____

Mine/Plant/Quarry Name: _____

Present Location Address: _____

Present Location: (Nearest Town): _____ **County:** _____ **Zip:** _____ **Township:** _____

Range: _____

Section: _____

New Location Address: _____

New Location: (Nearest Town): _____ **County:** _____ **Zip:** _____ **Township:** _____

Range: _____

Section: _____

What utilities (electric, water, sewer, etc.) are available? _____

On-site Contact: _____ **Telephone:** _____ **Cell#:** _____

Driving Directions: _____

Transfer Date: _____ **Start-up Date:** _____

Equipment to be Transferred: Please list all equipment to be transferred. Please list additional equipment on page 2.

Permit Number	Equipment Number	Serial Number	ATO Number	Rental Equipment Yes/No	Description of Equipment & Name of Lessor if rented equipment
				Y	
				N	
				Y	
				N	
				Y	
				N	
				Y	
				N	
				Y	
				N	
				Y	
				N	

Permit Number	Equipment Number	Serial Number	ATO Number	Rental Equipment Yes/No	Description of Equipment
				Y	
				N	
				Y	
				N	
				Y	
				N	
				Y	
				N	
				Y	
				N	
				Y	
				N	
				Y	
				N	
				Y	
				N	
				Y	
				N	

OPTIONAL:

1. Notice of STOP: ☐ **STOP** Stop Date _____

2. Type of Facility:

☐ Open Pit ☐ Underground ☐ Mill ☐ Quarry ☐ Hot Plant ☐ Smelter ☐ Aggregate Plant ☐ Batch Plant
☐ Soil Vapor Extraction ☐ Other _____ Superfund Site: Yes / No

3. All Agencies That Were Notified: Please check all agencies that were notified of the transfer. Please note, if state-permitted equipment is to TRANSFER to either Maricopa, Pima, or Pinal County, the County Agency must also be notified.

- | | |
|--|---|
| <input type="checkbox"/> Arizona State Mine Inspector
1700 W. Washington, Suite. 400, Phoenix, AZ 85007
(602) 542-5971
<input type="checkbox"/> Arizona Department of Environmental Quality (Air Quality)
1110 W. Washington St., MC 3415A-3 Phoenix, AZ 85007
(602) 771-2301 Fax: (602) 771-2299
<input type="checkbox"/> Maricopa County Environmental Service Department (Air Quality)
1001 N. Central Ave., Suite 300, Phoenix, AZ 85004
(602) 506-6739 Fax: (602) 506-6862 | <input type="checkbox"/> Pima County Department of Environmental Quality (Air Quality)
130 W. Congress, Tucson, AZ 85701
(520) 740-3369 Fax: (520) 882-7709
<input type="checkbox"/> Pinal County Air Quality Control District
P.O. Box 987, 457 S. Central, Florence, AZ 85232
(520) 868-6765 Fax: (520) 868-6754
<input type="checkbox"/> Other: |
|--|---|

4. Mine Inspector Data: Please fill in the Following (If applicable).

Entry Date: _____ **Pin #:** _____ **State ID#:** _____ **MSHA ID#:** _____

Name of Primary Official: _____ **Name of Designated Safety Official:** _____

No. of Employees (Including On-Site Office Staff): _____ **Principal Product:** _____

If your Operation will be using hazardous materials (eg. Cyanide, Acid, Etc.) please list: _____